



CLINICAL INTERNSHIP ACCREDITATION GRIEVANCE FORM

The Association of Child Life Professionals defines the accreditation of clinical internships in child life as an indicator that a program meets the minimum standards and requirements set forth in the Standards for Academic and Clinical Preparation Programs in Child Life as found in the most current *Official Documents of the Child Life Council*, as well as the Essential Curriculum Topics for Child Life Clinical Internships. This form is intended to be submitted when there is a concern that an accredited clinical internship is in violation of one or more of set accreditation standards. All allegations will be reviewed and determined if further investigation needed.

Name:	Date:
Email Address:	Daytime Phone:
Please Select your Role:	
<input type="checkbox"/> Clinical Child Life Specialist <input type="checkbox"/> Academic Advisor <input type="checkbox"/> Student <input type="checkbox"/> Other	

Name of Accredited Internship:	Location:
Actionable Concerns (mark all that apply):	
<ul style="list-style-type: none"> <input type="checkbox"/> Mandatory Requirements – failure to uphold the mandatory requirements as listed in sub-section A: Clinical Internship Coordinator and Clinical Rotation Supervisor; and in sub-section B: Applicant Requirements and Internship Structure [<i>see Application, Sub-Section A and B</i>]. <input type="checkbox"/> Additional Standards – failure to train or educate students on one or more of the following items listed in sub-section C: Domains 1, 2 or 3 [<i>see Application, Sub-Section C, Domain 1, 2 and 3</i>] <input type="checkbox"/> Discrimination – failure to abide by the nondiscrimination code – does not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in the choosing and teaching of interns. <input type="checkbox"/> Privacy – failure to protect a student’s educational records (including but not limited to: social security number, grades, transcript, student financial information, and student disciplinary files). <input type="checkbox"/> Emergency procedure for students – failure to educate student regarding safety and emergency procedures (within hospital/during scheduled time) [<i>see Application, Sub-Section C, Domain 1, Standard 1, Criteria A – orientation to hospital policy and procedure</i>]. 	

Please describe in detail your concern(s) regarding the selected actionable events:

Statement of Understanding

- I attest that the information on this form is true and accurate to the best of my knowledge.
- I understand that I may be contacted by the IAOC Accountability Sub-committee to answer further questions or provide further documentation that supports my allegation(s).
- I understand that I will be notified, as well as the implicated party, of the decision to dismiss the said allegation(s) or the continued investigation of the said allegation(s).
- I understand that the ACLP or the IAOC will not release my name or identifying information to the clinical internship in question.

Signature: _____

Date: _____

Please send this signed Clinical Internship Accreditation Grievance form as either a fax to 301.881.7092 or scan/email to InternshipAccreditation@childlife.org